

**VI. Safeguarding Information:**

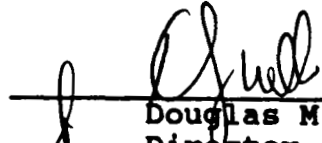
AHCA and HRS agree to safeguard the use and disclosure of and restrict access to information concerning applicants for or recipients of Title XIX services in accordance with federal and state laws and regulations.

**VII. Effective Period of Agreement:**

This agreement by and between the Agency for Health Care Administration (AHCA) and the Department of Health and Rehabilitative Services (HRS) will be effective on July 1, 1993. It shall continue in full force and effect until otherwise revised in writing and signed by both parties or canceled by any one of the two parties upon written notice at least ninety (90) days prior to the proposed termination date.


July 1, 1993

Date

  
\_\_\_\_\_  
Douglas M. Cook  
Director  
Agency for Health Care  
Administration

July 1, 1993

Date

  
\_\_\_\_\_  
H. James Towey  
Secretary  
Department of Health and  
Rehabilitative Services

Amendment 93-39  
Effective 7/1/93  
Supersedes 91-24  
Approved 10/21/94

Revised Submission 10/22/93

9 Revised Submission JUL 22 1994

**MEDICAID ELIGIBILITY**

The Agency for Health Care Administration has authorized the Department of Health and Rehabilitative Services to administer eligibility determinations for Title XIX, Medicaid, benefits. The following HRS program offices determine eligibility. The Aging and Adult Services Program Office determines eligibility for institutional care programs and for aged, blind and disabled individuals, except determinations for Supplemental Security Income (SSI) are conducted by the Social Security Administration. The Economic Services Program Office determines eligibility for pregnant women, families and children, and refugees.

The Agency for Health Care Administration and the Department of Health and Rehabilitative Services agree to the following provisions pertaining Medicaid eligibility determinations:

**I. Agency for Health Care Administration (AHCA) will:**

A. Produce and distribute Medicaid identification cards for all eligible recipients.

B. Pursue payment for Medicaid claims from third party liability resources. AHCA will:

1. Enter into the necessary interagency agreements to perform the data exchanges required by the Income and Eligibility Verification System (IEVS) and other

federal and state laws and regulations pertaining to third party recovery.

2. Inform HRS, upon discovery, of any settlement awarded directly to a Medicaid recipient; and

3. Inform HRS of any recipient who fails to cooperate in the pursuit of third party resources.

C. Maintain the Medicaid recipient file on the Florida Medicaid Management Information System (FMMIS). AHCA will:

1. Obtain recipient eligibility information via an electronic interface with the HRS eligibility and benefit authorization system, Florida Online Recipient Integrated Data Access System (FLORIDA);

2. Obtain recipient eligibility information via manually completed forms for recipients who are not entered on the FLORIDA system or whose eligibility period is not entered on the FLORIDA system.

3. Inform HRS and collaborate with HRS in the correction of any incorrect recipient eligibility information that is received either by the electronic interface or manually completed forms;

4. Perform all required data exchanges to comply with the Income Eligibility Verification System (IEVS) requirement and third party recovery laws and regulations;

5. Provide HRS with all necessary data for

Medicaid overpayment and recovery activities and Medicaid Quality Control;

6. Provide HRS all necessary data pertaining to recipient enrollment in Health Maintenance Organizations (HMO) and the Medicaid Physician Access System (MediPass);

7. Assist HRS with the resolution of buy-in problems;

8. Provide HRS with access to FMMIS; and

9. Provide HRS with statistical and financial data as requested for policy analysis and research.

D. Provide instruction to HRS in county billing procedures, assist HRS in resolving county billing problems, and maintain certificate of residency forms.

**II. The Department of Health and Rehabilitative Services (HRS) will:**

A. Conduct eligibility determinations in accordance with the approved Medicaid state plan; Title XIX of the Social Security Act; 42 Code of Federal Regulations (CFR) Part 431 (Medical Assistance Programs, State Organization and General Administration) and 42 CFR Part 435 (Medical Assistance Programs, Eligibility); and all other applicable federal and state laws and regulations as directed by AHCA.

B. Develop and implement Medicaid eligibility policy. HRS will obtain AHCA's approval of Medicaid eligibility policy prior to implementation.

C. Promulgate all administrative rules relative to Medicaid eligibility. HRS will obtain the approval of the Director of Medicaid prior to adoption of any rule that pertains to Medicaid.

D. Process all overpayment reports and all benefit recovery activities for recipients.

E. Obtain information for Medicaid Third Party Liability from all recipients when the presence of health insurance is indicated. HRS eligibility staff will take appropriate action in accordance with 42 CFR Part 433, Subpart D (Third Party Liability) when informed by AHCA that a recipient failed to cooperate in the pursuit of third party resources.

F. Maintain the FLORIDA system, the HRS information system to determine eligibility and authorize benefits. HRS will:

1. Transmit recipient eligibility information via an electronic interface with FMMIS;
2. Ensure that the recipient eligibility information is accurate and up to date; and collaborate with AHCA in correcting any incorrect information that is transmitted via the electronic interface;
3. Receive and load onto the FLORIDA system, the Bendex and SDX tapes from the Social Security Administration;

4. Provide AHCA the Bendex and SDX data that pertains to Medicaid eligibility, third party resources, and Medicare Part A and B entitlement; and

5. Operate applicable data exchanges to comply with the IEVS requirement and third party recovery laws and regulations, and transmit this data to AHCA.

G. Transmit eligibility information via manually completed forms for recipients who are not entered on the FLORIDA system or whose eligibility period is not entered on the FLORIDA system.

H. Conduct Medicaid eligibility Quality Control and Claims Processing system (CPAS) reviews, be fully responsible for Medicaid Quality Control sampling and meeting the federal review requirements, and the submission of the annual corrective action plan.

I. Pursue estate recovery on deceased recipients per applicable federal and state laws and regulations.

J. Distribute FMMIS error reports and nursing home discharge reports to the district offices.

**WOMEN, INFANTS, AND CHILDREN (WIC)**

The Department of Health and Rehabilitative Services, State Health Office administers health services programs in county public health units and oversees the Special Supplemental Food Program for Women, Infants and Children (WIC). The Department of Health and Rehabilitative Services, Economic Service Program Office administers eligibility determinations for pregnant women, families and children, and refugees. The Agency for Health Care Administration, Medicaid Office and Department of Health and Rehabilitative Services, State Health Office and Economic Services Program Office agree to the following provisions:

**I. The Department of Health and Rehabilitative Services, Economic Services Program Office will ensure that:**

All newly approved Aid to Families with Dependent Children (AFDC) and other Medicaid recipients who are pregnant, breastfeeding or postpartum women (as defined in section 17 of the Child Nutrition Act of 1966), or children below the age of five, and those reapproved after a period of ineligibility, are:

1. Advised of the benefits of the WIC program during the eligibility determination interview;
2. Referred to the local WIC program; and

3. Given the brochure "How to Apply for WIC",  
HRS/PI form 150-7.

**II. The Agency for Health Care Administration, Medicaid  
Office will ensure that:**

A. The Florida Medicaid Management Information System (FMMIS), Early and Periodic Screening, Diagnosis and Treatment (EPSDT) computerized subsystem will automatically inform through computer generated notices all Medicaid EPSDT eligible children under age five and all eligible recipients under age twenty-one who might be pregnant, postpartum or breastfeeding of the benefits of participation in the WIC program. Annual notices will also be provided that include instructions for obtaining further information about the WIC program.

B. WIC program information is included in local Medicaid outreach efforts.

C. All EPSDT Medicaid eligible pregnant, breastfeeding or postpartum young women under the age of 21 or children below the age of five who have been diagnosed by an EPSDT screening to have a medical problem or nutritional related deficiency are appropriately referred to the local WIC program.

D. Medicaid Health Maintenance Organizations (HMOs) providing prenatal care and EPSDT services refer all appropriate recipients to the local WIC program.



III. The Department of Health and Rehabilitative Services, State Health Office will ensure that all Medicaid eligible referrals to the WIC program are:

A. Assessed for determination of eligibility for WIC services.

B. Provided WIC services if eligible within the limitation of the local program.

C. Referred for or provided an EPSDT screen if not previously screened in accordance with the established periodicity schedule.

**EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT  
(EPSDT) OF MEDICAID ELIGIBLE CHILDREN UNDER AGE 21**

The following Department of Health and Rehabilitative Services program offices provide or coordinate the provision of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. The Economic Service Program Office administers eligibility determinations for pregnant women, families and children, and refugees. The Children and Families Program Office administers child welfare programs. The State Health Office administers health services programs. Children's Medical Services administers services for children with special health needs and programs for children from birth to three years of age with developmental disabilities. The Developmental Services Program Office administers programs for individuals, three years of age and older, with developmental disabilities. The Alcohol, Drug Abuse and Mental Health Program Office is responsible for the provision of a continuum of mental health care and evaluations through contractual agreement with local mental health centers.

The Agency for Health Care Administration (AHCA) office of Medicaid and Department of Health and Rehabilitative Services (HRS) offices of Economic Service; Children's Medical Services; Children and Families; State Health;

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